

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **SUNDQUIST ET AL.**
TITLE: **SYSTEM AND METHOD FOR PLACING ENDOCARDIAL LEADS**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231 "EXPRESS No. EL844550290US, on this 5th day of April, 2001.

Debra A. Bailey

Printed Name

Signature

Assistant Commissioner for Patents
U.S. PATENT APPLICATION
Assistant Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

☒ **Patent Application Transmittal**

☒ **Specification:**

Total pages: 30 (including claims and abstract: Spec. 23 sheets; Claims 6 sheets; Abstract - 1

☒ **Drawings:**

Total sheets: 17

☒ formal ☐ informal

☒ **Combined Declaration and Power of Attorney:**

☒ newly executed

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

☐ Notification of filing a

☒ Assignment of the Invention to Medtronic, Inc.

☒ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

☒ Return Postcard

IF A CONTINUING APPLICATION:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. _____ / _____.

☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation
☐ division ☐ continuation in part of application number _____, filed _____.

☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)

☐ The prior application is assigned of record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: _____.

X This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) 60/259,054, filed DECEMBER 29, 2000.

X Address all future correspondence to: Beth L. McMahon, Reg. No. 41,987
Medtronic, Inc., MS 301
7000 Central Avenue NE
Minneapolis, Minnesota 55432
phone: (763)514-3066

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	40	20	= 20	x 18	360
Independent Claims	4	3	= 1	x 80	80
Multiple Dependent Claims	Yes			+ 270	270
Basic Filing Fee					710
TOTAL					1420

Charge Deposit Account No. 13-2546 the sum of \$1420.00 (Filing Fee) and \$40.00 for Assignment recordation fee for a total of \$1460.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

Date

3/26/01

Beth L McMahon

Beth L. McMahon, Reg. No. 41,987
MEDTRONIC, INC.
7000 Central Avenue N.E.
Minneapolis, Minnesota 55432
Telephone: (763) 514-3066